

STATE LIQUOR COMMISSION
STATE OF NEW HAMPSHIRE
PO BOX 1795
CONCORD, NH 03302-1795
271-3521
REQUEST FOR APPLICATION FOR LICENSE

CONTROL NO. _____

DISTRICT (LIC SPEC) _____

TERRITORY # _____

LICENSE TYPE (beer, wine, liq, lounge) _____

SPI DATE _____

TYPE OF APPLICATION Liquor & Table Wine Vendor

NON REFUNDABLE PROCESSING FEE TO BE MAILED WITH THIS REQUEST:
\$100 FOR REQUEST FOR APPLICATION

CORP/LLC NAME _____ DATE OF INCORP/LLC. M/D/Y _____

APPLICANT NAME _____
LAST FIRST DATE OF BIRTH

HOME ADDRESS _____
NO. STREET
CITY STATE & ZIP

TRADE NAME _____

LOCATION FOR LICENSE _____
NO. STREET
CITY COUNTY STATE & ZIP

MAILING ADDRESS _____
NO. & STREET
CITY STATE & ZIP

IS THIS A SINGLE PROP? _____ PARTNERSHIP? _____ CORPORATION? _____ LLC? _____

IF CORP., WHAT STATE CHARTERED IN? _____

APPLICANT: 1. OWNS _____ 2. LEASES _____ 3. RENTS _____ PREMISES.

HAS APPLICANT PREVIOUSLY OWNED/HAD INTEREST IN ANY LIQUOR LICENSE _____ WHEN _____
IF YES :GIVE LICENSE NO. _____ AND NAME _____

PHONE NUMBER YOU MAY BE REACHED AT _____

MUST BE COMPLETED IN FULL AND RETURNED WITH REQUEST FOR APPLICATION

Name: Mr./Mrs.				Title(Pres,Mbr etc..)		
Address:		State		Zip		
Home Phone	Social Security #/Alien Reg. #	<u>M</u> <u>F</u> Sex	Race	DOB	POB	
Drivers Lic #	Hgt.	Wght.	Eye	Hair		
Mothers Name		Maiden name:				
Fathers Name						

Name: Mr./Mrs.				Title(Pres,Mbr,etc..)	
Address:		State		Zip	
Home Phone	Social Security #/Alien Reg. #	<u>M</u> <u>F</u> Sex	Race	DOB	POB
Drivers Lic #	Hgt.	Wght.	Eye	Hair	
Mothers Name		Maiden name:			
Fathers Name					

Name: Mr./Mrs.				Title(Pres,Mbr,etc..)	
Address:		State		Zip	
Home Phone	Social Security #/Alien Reg. #	<u>M</u> <u>F</u> Sex	Race	DOB	POB
Drivers Lic #	Hgt.	Wght.	Eye	Hair	
Mothers Name		Maiden name:			
Fathers Name					